

60 1/20/87

Please print or type with EIGHT type of characters per inch in the unshaded areas only.

USE 5010-1046 (EPA-33)

		CAY000233361		LOS ANGELES UNIFIED SCHOOL DISTRICT 1425 S SAN PEDRO ST LOS ANGELES CA 90015		Activity		Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).	
For Official Use Only									
Comments									
<div style="display: flex; justify-content: space-between;"> <div> <div style="border: 1px solid black; padding: 2px;">C</div> <div style="border: 1px solid black; padding: 2px;">C</div> </div> <div> <div style="border: 1px solid black; padding: 2px;">98-162-4802</div> <div style="border: 1px solid black; padding: 2px;">T/A C</div> <div style="border: 1px solid black; padding: 2px;">1</div> </div> <div> <div style="border: 1px solid black; padding: 2px;">2</div> <div style="border: 1px solid black; padding: 2px;">7</div> <div style="border: 1px solid black; padding: 2px;">JAN 1987</div> </div> </div>									
I. Name of Installation <div style="border: 1px solid black; padding: 2px; font-family: monospace; font-size: 1.2em;">SEPULVEDA GARAGE</div>									
II. Installation Mailing Address									
Street or P.O. Box									
<div style="border: 1px solid black; padding: 2px; font-family: monospace; font-size: 1.2em;">8920 SEPULVEDA BLVD</div>									
City or Town									
<div style="border: 1px solid black; padding: 2px; font-family: monospace; font-size: 1.2em;">SEPULVEDA</div>									
State									
<div style="border: 1px solid black; padding: 2px; font-family: monospace; font-size: 1.2em;">CA 91343</div>									
III. Location of Installation									
Street or Route Number									
<div style="border: 1px solid black; padding: 2px; font-family: monospace; font-size: 1.2em;">5 SAME</div>									
City or Town									
<div style="border: 1px solid black; padding: 2px; font-family: monospace; font-size: 1.2em;">SEPULVEDA</div>									
State									
<div style="border: 1px solid black; padding: 2px; font-family: monospace; font-size: 1.2em;">CA 91343</div>									
IV. Installation Contact									
Name and Title (last, first, and job title)									
<div style="border: 1px solid black; padding: 2px; font-family: monospace; font-size: 1.2em;">2 WALDRON J CHIEF S O</div>									
Phone Number (area code and number)									
<div style="border: 1px solid black; padding: 2px; font-family: monospace; font-size: 1.2em;">2 1 3 7 4 2 7 3 7 1</div>									
V. Ownership									
A. Name of Installation's Legal Owner									
<div style="border: 1px solid black; padding: 2px; font-family: monospace; font-size: 1.2em;">C R L A U S D</div>									
B. Type of Ownership (enter code)									
<div style="border: 1px solid black; padding: 2px; font-family: monospace; font-size: 1.2em;">M=MUNICIPAL D</div>									
VI. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)									
A. Hazardous Waste Activity					B. Used Oil Fuel Activities				
<input checked="" type="checkbox"/> 1a. Generator <div style="border: 1px solid black; padding: 2px; font-family: monospace; font-size: 1.2em;">1</div>					<input type="checkbox"/> 1b. Less than 1,000 kg/mo.				
<input type="checkbox"/> 2. Transporter					<input type="checkbox"/> 6. Off-Specification Used Oil Fuel (enter 'X' and mark appropriate boxes below)				
<input type="checkbox"/> 3. Treater/Storer/Disposer					<input type="checkbox"/> a. Generator Marketing to Burner				
<input type="checkbox"/> 4. Underground Injection					<input type="checkbox"/> b. Other Marketer				
<input type="checkbox"/> 5. Market or Burn Hazardous Waste Fuel (enter 'X' and mark appropriate boxes below)					<input type="checkbox"/> c. Burner				
<input type="checkbox"/> a. Generator Marketing to Burner					<input type="checkbox"/> 7. Specification Used Oil Fuel Marketer (or On site Burner) Who First Claims the Oil Meets the Specification				
<input type="checkbox"/> b. Other Marketer					<div style="text-align: right; font-size: 1.5em; font-family: cursive;">CA 037</div>				
<input type="checkbox"/> c. Burner									
VII. Waste Fuel Burning: Type of Combustion Device (enter 'X' in all appropriate boxes to indicate type of combustion device(s) in which hazardous waste fuel or off-specification used oil fuel is burned. See instructions for definitions of combustion devices.)									
<input type="checkbox"/> A. Utility Boiler									
<input type="checkbox"/> B. Industrial Boiler									
<input type="checkbox"/> C. Industrial Furnace									
VIII. Mode of Transportation (transporters only — enter 'X' in the appropriate box(es))									
<input type="checkbox"/> A. Air									
<input type="checkbox"/> B. Rail									
<input type="checkbox"/> C. Highway									
<input type="checkbox"/> D. Water									
<input type="checkbox"/> E. Other (specify)									
IX. First or Subsequent Notification									
Mark 'X' in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA ID Number in the space provided below.									
<input type="checkbox"/> A. First Notification									
<input checked="" type="checkbox"/> B. Subsequent Notification (complete item C)									
C. Installation's EPA ID Number									
<div style="border: 1px solid black; padding: 2px; font-family: monospace; font-size: 1.2em;">C A D 0 9 7 8 6 4 2 3 5</div>									

C  
W

T/A C  
1

**X. Description of Hazardous Wastes (continued from front)**

**A. Hazardous Wastes from Nonspecific Sources.** Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from nonspecific sources your installation handles. Use additional sheets if necessary.

1 F 0 0 5	2	3	4	5	6
7	8	9	10	11	12

**B. Hazardous Wastes from Specific Sources.** Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

**C. Commercial Chemical Product Hazardous Wastes.** Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31 P 0 4 1	32 U 0 1 9	33 U 1 3 4	34 U 1 4 5	35 U 2 2 0	36
37	38	39	40	41	42
43	44	45	46	47	48

**D. Listed Infectious Wastes.** Enter the four-digit number from 40 CFR Part 261.34 for each hazardous waste from hospitals, veterinary hospitals, or medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
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**E. Characteristics of Nonlisted Hazardous Wastes.** Mark "X" in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.21 — 261.24)

☒ 1. Ignitable  
(D001)

☒ 2. Corrosive  
(D002)

☐ 3. Reactive  
(D003)

☐ 4. Toxic  
(D000)

**XI. Certification**

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Signature

*Jack C. Waldron*

Name and Official Title (type or print)

J.C. WALDRON, CHIEF SAFETY OFFICER

Date Signed

12-23-88

*Jack C. Waldron*